

PROTOCOLS, MEDICATIONS AND DEVICES COMMITTEE
MINUTES
March 3, 2005

MEMBERS PRESENT

John Gallagher III	Rob Jarvis
Patricia Ellis	Terence Mason
Janine Anderson	Steven Curry
Terry Shine	

MEMBERS ABSENT

Marc Holyfield
David Bank (non-voting)
Sue Kern

I. CALL TO ORDER

John Gallagher called the meeting to order at 1:00 p.m. Charles Finch was available by conference call.

II. DISCUSS/AMEND and APPROVE AGENDA

A motion made by Janine Anderson, seconded by Terence Mason to approve the agenda as presented. **Motion carried.**

III. DISCUSS/AMEND and APPROVE MINUTES – September 25, 2004 and December 13, 2004

A motion made by Terry Shine, seconded by Terence Mason to approve the minutes of September 24, 2004 as presented. **Motion carried.**

A motion made by Janine Anderson, seconded by Terence Mason to approve the minutes of December 13, 2004 as presented. **Motion carried.**

IV. OLD BUSINESS

A. Discussion and Action on Revision of ADHS Recommended Minimum Standard Pediatric Prehospital Protocols used by Arizona Emergency Medical Technicians

A motion made by Janine Anderson, seconded by Terence Mason to approve one change on the Pediatric – Anaphylaxis/Allergic Reaction Protocol. In the last box on the left side (BLS side) change wording from Assist patient with administration of Epi Pen if patient has one to read: *Assist patient with administration of Epi Pen if available or if patient has one.*

Motion carried.

A motion made by Janine Anderson, seconded by Terry Shine to accept the entire packet of Pediatric Protocols. **Motion carried.**

Dr. Ben Bobrow forwarded these Pediatric Protocols to Dr. Marc Berg and Dr. Robert Berg. They made other recommended changes to these protocols. Dr. Gallagher stated that he would review the changes and discuss them at the next meeting of the Medical Direction Commission and Emergency Medical Services Council.

VI. **NEW BUSINESS**

A. **Discussion and Action on Adopting Drug Profiles as Guidance Documents for Vasopressin, Vaponefrin, and Epinephrine by Auto-Injector**

Vasopressin

Dr. Gallagher distributed draft drug profile for Vasopressin at the meeting. This drug profile is for adult patients and the dosage is for adults. The Medical Direction Commission agreed to add Vasopressin as an optional drug to the paramedic drug box.

A concern was raised with regard to the stability of the drug.

A motion made by Patricia Ellis, seconded by Terrence Mason to table the Vasopressin drug profile to the next meeting of the PMD Committee in order to further research the drug's stability. **Motion carried.**

Item: Vasopressin Drug Profile
Follow Up: Next PMD Committee Meeting
When: May 12, 2005
Who: Vicki Conditt

Vaponefrin

At a past meeting, it was discussed that Vaponefrin be added to the interfacility transport list so that treatment to patients could be continued during transport. Vaponefrin is currently on the IV transport list and this drug is an SVN. Currently, there is not a drug profile for Vaponefrin. The drug profile for Vaponefrin will be presented for review at the next meeting.

Item: Vaponefrin Drug Profile
Follow Up: Next PMD Committee Meeting
When: May 12, 2005
Who: Vicki Conditt

Epinephrine Auto-Injector

The Epinephrine Auto-Injector drug profile was e-mailed to the members of the PMD Committee before the meeting.

A motion made by Janine Anderson, seconded by Terrence Mason to approve the drug profile for Epinephrine Auto-Injector. **Motion carried.**

Discussion ensued regarding suggested changes to the drug profile.

A motion made by Janine Anderson, seconded by Patricia Ellis to approve the changes listed below on the Epinephrine Auto-Injector Drug Profile. **Motion carried.**

Page 1 – Delete last paragraph from *Patients at greater risk of developing adverse reactions after epinephrine administration include: (to the end of the page)*

Page 2 – Under Incompatibilities/Drug Interactions:

Delete – *Patients on monoamine oxidase inhibitors, antihistamines, and tricyclic antidepressants may have heightened effects.*

Page 2 – under Dosage Forms/Packaging:

EpiPen® autoinjector, 1:1000 solution, 0.3 mL add (0.3mg)

EpiPen® Jr autoinjector, 1:2000 solution, 0.3mL add (0.15mg)

Motion carried.

B. Discussion and Action on Revising A.A.C. R9-25-503, Exhibit 1 Provisions for Glucagon, Activated Charcoal, and Epinephrine

Glucagon

Dr. Frank Walter recommended at the last Medical Direction Commission meeting to increase the dosage of Glucagon in the drug box.

The current dosage in the drug box for Glucagon states 1 mg dose, Minimum of 2 mg. Discussion ensued regarding changing the minimum dose. It would be costly to change the minimum dosage due to the high price of the drug. The committee decided not to change the minimum required dosage. It is optional, if they want to carry a larger dose of Glucagon, they may.

Activated Charcoal

Medical Direction Commission asked that Activated Charcoal be placed on this agenda. There was concern over recent evidence that Activated Charcoal may not be as effective given orally as previously thought. Activated Charcoal is still superior to other drugs. Discussion ensued and the committee decided not to make any changes at this time.

Epinephrine

Medical Direction asked that the concentration for Epinephrine use for ETT be placed on this agenda. Discussion ensued as to why the concentration for Epinephrine use for ET Tube is 30 mg multidose on the drug box list. If using an ET Tube you have to give 2 mg of 1:1,000 followed by normal saline. If using in a code, you may administer 2 mg via an ET Tube every three to five minutes. The committee decided not to make any changes at this time.

C. Discussion and Action on the Training Required for EMT-Basics to Administer Epinephrine by Auto-Injector (Epi-pen®)

A question was asked regarding the clarification of optional skill. The Director was of the opinion that this be an optional skill for all EMT-Basics, whether the EMT-Basic works for a fire or ambulance company. Ground Ambulance Rules do not include the requirement that a BLS unit have a drug box at all. When the Ground Ambulance Rules are revised this will be added.

A motion made by Dr. Steven Curry and Dr. Charles Finch to approve the Training Required for EMT-Basics to Administer Epinephrine by Auto-Injector (Epi-pen®).

Motion carried.

D. Discussion and Action on Revising A.A.C. R9-25-503, Exhibit 1 and 2

Sarah Harpring presented R9-25-503 Exhibit 1 and 2 and R9-25-509 for recommendation. Sarah Harpring stated that the highest priority rulemaking is the Trauma Designation Rules and Air Ambulance License and Registration Rules. After these are completed, we will be looking at the Ground Ambulance Rules. The goal is to finish the Trauma Designation Rules by October 2005, depending on what happens with the Legislative Session. The goal to finish the Air Ambulance Rules is Spring 2006.

A question was asked whether the training would be incorporated as a requirement into the EMT-Basic Curriculum. Sarah Harpring stated that the Director hopes this will be incorporated into the basic curriculum.

A motion made by Janine Anderson, seconded by Terry Shine to include both drugs Fosphenytoin Na and /*Phenytoin (Dilantin)* on page 8 (Exhibit 2, IV Infusions to be Monitored by Appropriate Level of EMT Personnel). **Motion carried.**

Dr. Gallagher stated that Vaponefrin is included on the IV transport list. Therefore, we will need to have a separate SVN infusion list. A new Exhibit 3 will be added to the drug list that provides for SVN's.

A motion made by Patricia Ellis, seconded by Terrence Mason to take Vaponefrin out of Exhibit 2 Intravenous Infusions to be Monitored by Appropriate Level of EMT Personnel and place in a separate category of SVN medications that can be monitored by appropriate EMT Personnel. **Motion carried.**

Sarah Harpring confirmed the wording with Dr. Gallagher "SVN Medications to be Monitored by Qualified EMT-I and EMT P."

VII. CALL TO THE PUBLIC

Gene Wikle, the new Bureau Chief introduced himself to the committee.

VIII. SUMMARY OF CURRENT EVENTS

There will be a meeting held March 9, 2004 at the Bureau with the agencies that are participating in the RSI Pilot Study. The intent of this meeting is to clear up some issues in the hope of moving forward.

Patricia Ellis asked if Dr. Herbert, Medical Director for Carondelet St. Mary's Hospital in Tucson could attend the RSI Pilot Study Meeting. Dr. Gallagher stated that Dr. Herbert is welcome to attend the meeting.

IX. NEXT MEETING

The next meeting will be held May 12, 2005 at 1:00 p.m.

IX. ADJOURNMENT

John Gallagher adjourned the meeting at 1:45 p.m.

Minutes prepared by: Donna Meyer

Approved by Committee on May 12, 2005